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AHDC Email Network – Data, News, Articles and Policies Related to Health Disparities

April 21 – 27, 2011

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1) DHHS Announces Plan to Reduce Health Disparities

On April 8, 2011, the U.S. Department of Health and Human Services (DHHS) launched two strategic plans aimed at reducing health disparities. The DHHS Action Plan to Reduce Health Disparities outlines goals and actions DHHS will take to reduce health disparities among racial and ethnic minorities. DHHS also released the National Stakeholder Strategy for Achieving Health Equity, a common set of goals and objectives for public and private sector initiatives and partnerships to help racial and ethnic minorities and other underserved groups reach their full health potential. The strategy, a product of the National Partnership for Action (NPA), incorporates ideas, suggestions and comments from thousands of individuals and organizations across the country. The NPA was coordinated by the DHHS Office of Minority Health. For more information about the plans and the National Partnership for Action, visit <http://www.hhs.gov/news/press/2011pres/04/04hdplan04082011.html>. For more information about health disparities and the Affordable Care Act, visit <http://www.hhs.gov/news/press/2011pres/04/hdstrategy04082011.html>.

2) National Infertility Awareness Week

April 24-30th is National Infertility Awareness Week, designed to raise awareness about the disease of infertility and encourage the public to take charge of their reproductive health. Started by RESOLVE: The National Infertility Association in 1989, the week brings together the professional family-building community, corporate partners and the media to 1) ensure that people trying to conceive know the guidelines for seeing a specialist when they are trying to conceive; 2) enhance public understanding that infertility is a disease that needs and deserves attention; and 3) educate legislators about the disease of infertility and how it impacts people in their state.

<http://www.resolve.org/national-infertility-awareness-week/home-page.html>

3) Stay Involved with Healthy People 2020

Since the launch of Healthy People 2020 last December, the U.S. Department of Health and Human Services (DHHS) has continued to improve and expand its resources. To access all of the latest developments, visit the Healthy People 2020 Web site at

<http://www.healthypeople.gov/2020/default.aspx>. You can also subscribe to the Healthy People E-mail updates at <https://public.govdelivery.com/accounts/USOPHSODPHPHF/subscriber/new>. They'll send you a Monthly Bulletin or the periodic News You Can Use which features new tools, events, and resources to help you implement Healthy People. You can also join the Healthy People Consortium at <http://healthypeople.gov/2020/consortium/signup.aspx>. Consortium members range from colleges and universities to private businesses and religious organizations. Any agency or organization that supports Healthy People 2020 is welcome to sign up—more than 2,500 already have. You can also follow them on Twitter and connect with them on LinkedIn.

4) Stillbirth Series in *The Lancet*

First Candle has partnered with the journal *The Lancet* to launch a series of articles specifically designed to bring worldwide attention and a call to action to reduce the burden of stillbirth. The articles focus on the statistics indicating that more than 2.6 million stillbirths occur annually across the globe, including 25,000 in the US. *The Lancet's* Stillbirth Series provides a comprehensive assessment of global numbers and causes of stillbirths, perceptions and beliefs around the world, and the solutions to prevent stillbirths, including well-known interventions and innovations.

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(10\)62232-5/abstract#](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(10)62232-5/abstract#)

5) Community Health Data Initiative

The U.S. Department of Health and Human Services (DHHS) and the Institute of Medicine have launched

a national initiative to help consumers and communities get more value out of the Nation's wealth of health data. Under the Community Health Data Initiative: 1) DHHS will release greater amounts of health data in more usable formats; 2) Software developers will use the data to create new applications that will make health information increasingly useful for individuals and communities; and 3) With improved data and creative new applications, communities and consumers will initiate effective new efforts in disease prevention, health promotion and measurement of health care quality and performance. Check out these Web sites for more information at <http://www.hhs.gov/open/datasets/communityhealthdata.html> and <http://www.healthindicators.gov/>.

6) Community Need Index™: A Breakthrough Approach to Public Health Planning

Catholic Healthcare West (CHW), the eighth largest hospital system in the nation, in partnership with Thomson Reuters, pioneered the Community Need Index (CNI) in 2005, which pinpoints the level of community need for every zip code in the United States. In 2011, CHW launched an online mapping tool that allows individuals and organizations nationwide to access their scores and show where vital community resources are located.

www.chwHEALTH.org/cni or see the attachment #1 at <http://www.azminorityhealth.gov/AHDCweeklyUpdate.htm> under "Data, News, Articles and Policies Related to Health Disparities, April 21 – 27, 2011."

7) Assessment Seeks to Inform Changes in Child Care Regulations Relevant to Childhood-Obesity Prevention

Achieving a State of Healthy Weight: A National Assessment of Obesity Prevention Terminology in Child Care Regulations examines the degree to which key obesity-prevention concepts are reflected in states' child care regulations. The report was developed by the National Resource Center for Health and Safety in Child Care and Early Education with support from the U.S. Maternal and Child Health Bureau. The content is based on an examination of documents for licensed child care centers, large or group family child care homes, and small family child care homes. The data comprise 6,826 individual ratings from 118 state documents consisting of all states' ratings of 47 variables for each type of child care facility that is regulated. A variety of charts and graphs illustrate the findings nationally and by content area (infant feeding, nutrition, physical activity). Outcomes for states and recommendations are also included. http://nrckids.org/regulations_report_2010.pdf

8) E-Journal Provides Information and Resources on Domestic Violence for Home Visiting Programs

The spring 2011 issue of *Family Violence Prevention and Health Practice* focuses on the promise of home visiting as an intervention and prevention strategy for domestic violence. The e-journal, published by the Family Violence Prevention Fund, looks at how intimate partner violence (IPV) affects children's health, what is known about the impact of home visiting programs on IPV, research on home visiting

interventions to address IPV, and recommendations for translating research into policy and practice. Additional topics include lessons learned from the implementation and field testing of an innovative home visiting program (Domestic Enhanced Visitation Intervention) and suggestions for home visiting programs on addressing the safety and developmental needs of children exposed to violence. The e-journal also provides new resources on domestic violence for home visiting programs, including a curriculum, safety cards, a quality-improvement/quality-assessment tool, a guide for policymakers, and recommendations for policy and program development.

<http://endabuse.org/health/ejournal>

9) Article Analyzes U.S. Oral Health Care System's Capacity to Treat Children with Special Health Needs

"This analysis is the first known attempt to determine the availability of care for children with special health care needs (CSHCN) from the standpoint of sheer numbers of children per capable providers," write the authors of an article published in the March-April 2011 issue of *Pediatric Dentistry*. Access to oral health care is a significant concern for many parents of CSHCN, and CSHCN are more likely than other children to have unmet needs for oral health care. The purposes of the study described in this article were to determine the capacity of the U.S. oral health care system to treat CSHCN and to create a national portrait of care available from known sources, using data from national sources and a recent survey of children's hospitals. The study used available national data, making assumptions about care based on existing literature to construct a conceptual model for oral health care for CSHCN. Data came from hospitals and institutes affiliated with the National Association of Children's Hospitals and Related Institutions; additional data came from online databases, literature-based reports, and websites. The authors found that the typical children's hospital dental clinic had a very limited capacity for either routine dental appointments or operating room appointments for the CSHCN attributed to its site -- less than one appointment available per child with special health care needs; in the United States overall, the average number of CSHCN per provider (children's hospitals, hospital-based clinics, dental schools, pedodontic residencies, pediatric dentists) was 1,857, ranging from 1,327 to 2,357 depending on district in the country; the total number of children with special health care needs (from birth through age 18) in the United States was 10,221,436; in the country overall, there were 220 children's hospitals with the capacity to provide oral health care to CSHCN, 87 hospital-based clinics, 57 dental schools, 69 pedodontic residencies, and 5,291 pediatric dentists; and the distribution of treatment capacity resources varied from district to district, with the fewest resources in the western United States. The authors conclude that "the results of this analysis . . . confirm the lack of capacity to care for . . . [CSHCN]."

<http://www.ingentaconnect.com/content/aapd/pd/2011/00000033/00000002/art00004?crawler=true>

10) Vice President Biden Announces New Sexual Violence Prevention Guidance

The sexual harassment of students, including sexual violence, interferes with students' right to receive an education free from discrimination and, in the case of sexual violence, is a crime. On April 4, 2011, Vice President Biden and Secretary of Education Arne Duncan introduced comprehensive guidance to help schools, including colleges and universities, better understand their obligations to prevent and respond to the problem of campus sexual assault. Under Title IX, a federal civil rights law that prohibits discrimination in educational programs and activities on the basis of sex, discrimination can include sexual violence—such as rape, sexual assault, sexual battery, and sexual coercion. The U.S. Department of Education's Office for Civil Rights (OCR) may use to end sexual violence, prevent its recurrence, and remedy its effects. OCR offers technical assistance to help schools achieve voluntary compliance with the civil rights laws it enforces and collaborates to develop approaches to preventing and addressing discrimination.

<http://www.ed.gov/news/press-releases/vice-president-biden-announces-new-administration-effort-help-nations-schools-ad>

11) Federal report notes "stigma" for LGBT patients, calls for more data and research

A new Institute of Medicine (IOM) report recommends more federal research and data collection on the health of LGBT people. *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding* describes LGBT patients' fear of discrimination and poor treatment by health professionals. The report comprises "an ambitious research agenda to investigate the prevalence and causes of obesity, depression, cancer, heart disease, and other conditions among gay people," noted *The New York Times*.

http://www.nap.edu/catalog.php?record_id=13128#description
http://www.nytimes.com/2011/04/01/health/policy/01gays.html?_r=2&src=twrhp

12) Epidemiology of HIV among Asians and Pacific Islanders in the United States, 2001–2008

Recent analyses have shown increases in combined annual HIV diagnosis rates for Asians and Pacific Islanders (API). The researchers used surveillance data from 33 states and 4 dependent areas to investigate the epidemiology of HIV among API during 2001–2008. The results show HIV diagnoses for API during 2001–2008 were predominantly among persons age 30–39 years (40%) and males (78%). The primary risk factor for males was sexual contact with males (78%) and for females, heterosexual contact (86%). API were the only racial/ethnic groups with a statistically significant estimated annual percentage increase (4.4%) in HIV diagnoses over the time period. Thirty-seven percent of HIV diagnoses among API progressed to AIDS in <12 months, with significantly greater likelihood among those 30 years and older. Survival was lower among API with AIDS diagnosis after 49 years of age, and was higher among persons with AIDS whose primary risk factor for infection was heterosexual contact. Conclusions: In contrast to other racial/ethnic groups, API were the only groups to show a significant increase in HIV diagnoses. A

clearer understanding of the reasons for this trend is needed, so that appropriate interventions can be selected and adapted to prevent increased HIV prevalence among API in the U.S.

<http://xa.yimg.com/kq/groups/23413065/949207740/name/Adih%20epi%20among%20Asians-PI.pdf>

13) Study shows barriers and facilitators to walking and physical activity among American Indian elders

“Physical inactivity is common among older American Indians. Several barriers impede the establishment and maintenance of routine exercise. We examined personal and built-environment barriers and facilitators to walking and physical activity and their relationship with health-related quality of life in American Indian elders.” According to the author of an article in *Prev Chronic Dis* 2011;8(3).

http://www.cdc.gov/pcd/issues/2011/may/10_0076.htm